



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM LOAN INFORMATION AND VERIFICATION FORM

APPLICANT: Complete one copy of this form for each lender or holder with which you have loans you wish to be considered for repayment under the NHSC LRP. Please remember to submit the supplemental information identified in the "Application Checklist." Please print clearly and complete all items to facilitate verification. **If this form is incomplete or if any information is incorrect, the loan will be deemed ineligible.**

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|---|---------------------------------------|------------------|
| 1. Applicant's Name (Last, First, Middle) | 2. Applicant's Social Security Number | 3. Date of Birth |
|---|---------------------------------------|------------------|

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| 4. Applicant's Complete Mailing Address | 5. Applicant's Phone |
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|---------------------------------|---|------------------------|
| 6a. Current Lending Institution | 6b. Lender's Automated Access System Phone Number | 7. Loan Account Number |
|---------------------------------|---|------------------------|

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| 8a. Lender's Address | 8b. Address Where Payments are Sent (if different than Lender's Address) |
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9. Was the loan sold? Yes ☐ No ☐ (If you are not sure, check with your lender). If "yes" give the original loan holder's name and address.

9b. Is this a consolidated loan? Yes ☐ No ☐ (If you are not sure, check with your lender). If "yes" provide the original date of each loan included in the consolidation (Use a separate sheet of paper if more room is needed).

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| 10. Original Date of this Loan _____ | 11. Original Amount of this Loan _____ |
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| 12. Current Balance (principal and interest) _____ as of (date) _____ | 12b. Interest rate _____ |
|---|--------------------------|

13. Type of Loan (e.g., NSL, Stafford, etc.) Please fully print type: _____

14. Is this loan in Default? Yes ☐ No ☐ Date of Default: _____

15. Is there a Federal Judgment Lien for this loan? Yes ☐ No ☐ Date of Judgment: _____

SUPPORTING LOAN DOCUMENTS – Please see the "Loan Documentation" in the Application Checklist for the supporting documents that must be provided for each loan for which you are seeking repayment assistance under the NHSC LRP.

FOR CONSOLIDATED/REFINANCED LOANS - If you have consolidated/refinanced your loans for undergraduate and graduate education costs, you must attach supporting loan documents for the consolidated loan and for each loan in the consolidation.

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION OF APPLICANT - I hereby certify that the information I have provided is true, complete, and accurate and that the above identified loan was incurred solely for the costs of qualifying education as defined by the NHSC LRP. I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

AUTHORIZATION FOR DISCLOSURE OF INFORMATION – Pursuant to the Rights to Financial Privacy Act of 1978 (REPA) (12 USC 3404), having read the attached statement of my RFPA rights, I hereby authorize the government or financial institution named in item 6 or 9 above to release financial records relating to the educational loan identified above to the HHS and/or its contractors for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the NHSC LRP. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed.

SIGNATURE OF APPLICANT

DATE